

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.			↓	2	↓	
TOTAL DER.			↔	34	↔	
TOTAL CLAIMS			27	10	10	

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.			↓		↓	
TOTAL DER.			↔		↔	
TOTAL CLAIMS			27		10	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY